

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY STANDARD ANNULAR PRESSURE TEST

Operator Savoy Energy, L.P.State Permit No. 60152Address PO Box 1560USEPA Permit No. MI-091-2D-0001Traverse City, MI 49685-1560Date of Test 1-17-13Well Name Ruesink 3-16 SWD

Well Type _____

LOCATION INFORMATION NE Quarter of the SE Quarter of the NW QuarterSection 16; Range 6S-3E; Township Adrian; County Lenawee;Company Representative Jack Rokos; Field Inspector unwitnessed;Type of Pressure Gauge 4" inch face; 600 psi full scale; 10 psi increments;New Gauge? Yes ☒ No ☐ If no, date of calibration _____Calibration certification submitted? Yes ☐ No ☐

TEST RESULTS

Pressure (in psig)

5-year or annual test on time? Yes ☐ No ☐After rework? Yes ☒ No ☐Newly permitted well? Yes ☐ No ☐

| Time | Annulus | Tubing |
|----------------|------------|----------|
| <u>9:00 AM</u> | <u>300</u> | <u>Ø</u> |
| <u>9:10 AM</u> | <u>300</u> | <u>Ø</u> |
| <u>9:20 AM</u> | <u>300</u> | <u>Ø</u> |
| <u>9:30 AM</u> | <u>300</u> | <u>Ø</u> |
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| | | |
| | | |

Casing size 5 1/2"Tubing size 2 7/8"Packer type ADL-1Packer set @ 2153'Fluid return (gal.) 2.25

Comments:

Test Pressures:

Max. Allowable Pressure Change: Initial test pressure x .03 300 psiHalf Hour Pressure change Ø psiTest Passed ☒Test Failed ☐

If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

Signature of Company Representative

Date

UNWITNESSED MECHANICAL INTEGRITY TEST FORM

January 10, 2007

These instructions are adapted from those Region 5 Underground Injection Control Branch Regional Guidance #5, Determination of the Mechanical Integrity of Injection Wells, Revised June 11, 1998.

IV. CONDUCTING TESTS WITHOUT A REPRESENTATIVE OF THE USEPA (USEPA Region 5 Underground Injection Control Program Guidance #5, Determination of the Mechanical Integrity of Injection Wells, pp. 7-8)